FICE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 17, 1999 8:00 am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 05-17-1999 90052 048 ***158.75 DOCUMENT # P98000018916 EDIS MARKET INC. Principal Place of Business Maiting Address Michael Business Mailing A 1108 N.W 62nd ST Miemi, fl. 33150 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified Applied For -2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible Country Zip Country Zip Personal Property Tax due June 30. Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent cannelle campbell Street Address (P.O. Box Number is Not Acceptable) 028 S.W. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505 Florida Statutes. DATE d when revision()) ADDITION SCHARGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP Спалде Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition: Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to each an attachment with an address.

SIGNATURE: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR